

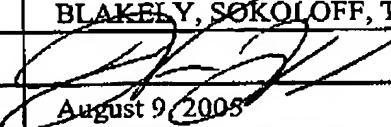
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AUG 09 2005

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/034,699
		Filing Date	December 27, 2001
		First Named Inventor	James C. Matayabas, Jr.
		Art Unit	1714
		Examiner Name	Edward J. Cain
Total Number of Pages in This Submission	10	Attorney Docket Number	42390P10938X

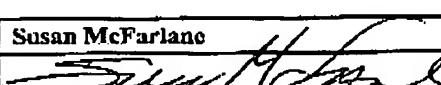
<b>ENCLOSURES (check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			
Remarks			

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	William W. Schaal, Reg. No. 39,018 <b>BLAKELY, SOKOLOFF, TAYLOR &amp; ZAFMAN LLP</b>
Signature	
Date	August 9, 2005

**CERTIFICATE OF MAILING/TRANSMISSION**

I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.

Typed or printed name	Susan McFarlane		
Signature		Date	August 9, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 06/04/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

# FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT

(\$ 0.00)

## Complete if Known

Application Number	10/034,699
Filing Date	December 27, 2001
First Named Inventor	James C. Matayabas, Jr.
Examiner Name	Edward J. Cain
Art Unit	1714
Attorney Docket No.	42390P10938X

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  None  Other (please identify):  
 Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s)  Credit any overpayments  
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## FEE CALCULATION

## 1. EXTRA CLAIM FEES

Total Claims	26	30*	=	0	x	50.00	=	\$0.00
Independent Claims	5	5*	=	0	x	200.00	=	\$0.00
Multiple Dependent								

## Large Entity

## Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Rescue independent claims over original patent
1205	300	2205	150	**Rescue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$ 0.00)		

\*or number previously paid, if greater. For Releases, see below

## 2. ADDITIONAL FEES

## Large Entity

## Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2063	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,690	2254	765	Extension for reply within fourth month
1266	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451		2451		Petition to institute a public use proceeding
1460	150	2450	130	Petitions to the Commissioner
1007	50	1107	50	Processing fee under 37 CFR 1.17(q)
1808	180	1808	180	Submission of Information Disclosure Stmt
1809	780	1809	390	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	780	2810	305	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)		SUBTOTAL (2)		
		(\$)		

## Fee Paid

## SUBMITTED BY

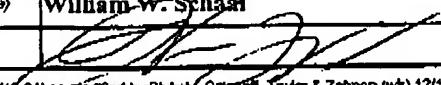
## Complete (if applicable)

Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature				Date	08/09/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/13/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

<b>FEE TRANSMITTAL</b> <b>for FY 2005</b>		<i>Complete If Known</i>																																																																																																																					
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<b>METHOD OF PAYMENT (check all that apply)</b>		<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																																																																																					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor &amp; Zafman LLP</u>		For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input type="checkbox"/> Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.																																																																																																																					
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**SUBMITTED BY***Complete (if applicable)*

Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature				Date	08/09/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w) 12/15/2004.  
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Appl. No. 10/034,699  
Amdt. Dated 08/09/2005  
Supplemental Amendment

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AUG 09 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application. No.	:	10/034,699	Confirmation No. 2487
Applicant	:	James C. Matayabas, Jr.	
Filed	:	12/27/2001	
TC/A.U.	:	1714	
Examiner	:	Edward J. Cain	
Docket No.	:	42P10938X	
Customer No.	:	8791	

Commissioner for Patents  
PO Box 1450  
Alexandria VA 22313-1450

## SUPPLEMENTAL AMENDMENT

Sir:

Please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.